

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION****WAGE DOCUMENTATION OF TEMPORARY PARTIAL DISABILITY PAYMENTS**

Instructions: Complete this form when the maximum temporary partial disability benefits are not being paid and file with the Board. When paying weekly temporary partial disability income benefits, file a Form WC-262 with the Board at 13 week intervals or when such benefits are suspended, whichever comes first. When filing the Form WC-262 with the Board, send a copy to the employee and the employee's counsel, if represented.

|                 |                    |                     |      |                        |                |
|-----------------|--------------------|---------------------|------|------------------------|----------------|
| Board Claim No. | Employee Last Name | Employee First Name | M.I. | Social Security Number | Date of Injury |
|-----------------|--------------------|---------------------|------|------------------------|----------------|

**A. IDENTIFYING INFORMATION**

|                                  |                  |                 |                 |              |              |
|----------------------------------|------------------|-----------------|-----------------|--------------|--------------|
| <b>EMPLOYEE</b>                  | County of Injury |                 | <b>EMPLOYER</b> | Name         |              |
| Address                          |                  | Phone Number    | Address         |              | Phone Number |
| Employee E-mail                  |                  | Employer E-mail |                 |              |              |
| <b>INSURER/<br/>SELF-INSURER</b> | Name             |                 | SBWC ID#        | Phone Number |              |
| <b>CLAIMS<br/>OFFICE</b>         | Name             |                 | Address         |              |              |
| Claims Office E-mail             |                  |                 |                 |              |              |

**B. TEMPORARY PARTIAL DISABILITY BENEFITS**

|               | START DATE | END DATE | AVERAGE<br>WEEKLY WAGE | TOTAL GROSS<br>EARNINGS | DIFFERENCE<br>(Weekly Wage – Gross Earnings) x $\frac{2}{3}$ | PAYMENT<br>Not to exceed<br>maximum stated in §34-9-262 |
|---------------|------------|----------|------------------------|-------------------------|--|---|
| 1             |            |          |                        |                         |  |   |
| 2             |            |          |                        |                         |  |   |
| 3             |            |          |                        |                         |  |   |
| 4             |            |          |                        |                         |  |   |
| 5             |            |          |                        |                         |  |   |
| 6             |            |          |                        |                         |  |   |
| 7             |            |          |                        |                         |  |   |
| 8             |            |          |                        |                         |  |   |
| 9             |            |          |                        |                         |  |   |
| 10            |            |          |                        |                         |  |   |
| 11            |            |          |                        |                         |  |   |
| 12            |            |          |                        |                         |  |   |
| 13            |            |          |                        |                         |  |   |
| <b>TOTALS</b> |            |          |                        |                         |  |   |

**C. CERTIFICATION**

|  |      |
|--|------|
| <input type="checkbox"/> I hereby certify that to the best of my knowledge the total payments listed are correct as the available information indicates. |      |
| Print Name   | Date |

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).